





## Louisiana State Board of Medical Examiners

630 Camp Street, New Orleans, LA 70130

Phone: (504) 568-6820

Fax: (504) 568-5754

Web site: <http://www.lsbme.la.gov>

### **AUTHORIZATION TO RELEASE YOUR COMPLAINT INFORMATION**

I hereby give the Louisiana State Board of Medical Examiners permission to send a copy of my complaint to the practitioner listed below and that this will include disclosing my identity. I understand as well, whether I sign below or not, that the medical records of the patient(s) involved may be obtained by the Board as a part of its investigation.

I may elect not to sign below and thus request that my identity be kept confidential. In that case, a summary of the complaint may be provided to the practitioner. I understand however, that even if I do not sign below and have the Board handle this complaint confidentially, that the Board may be required by law to disclose my identity to the practitioner at a later stage of the proceedings.

Understanding the above, by my signature below, I hereby give consent to the Board to release a copy of my complaint to the practitioner/licensee:

Practitioner/Licensee's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Complainant (print name): \_\_\_\_\_

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_